



**DOWN PAYMENT ASSISTANCE LOAN PROGRAM
FOR
PUBLIC SCHOOL EMPLOYEES, CITY EMPLOYEES AND CHILDCARE TEACHERS**

**City of Sunnyvale-Housing Division
456 W. Olive Avenue
Sunnyvale, CA 94086
(408) 730-7451**

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize _____
(Participating Lender)

to release to the City of Sunnyvale, or its designated agent, any and all information required in connection with my application for City assistance to purchase the property located at _____.
Verification of information required by the City of Sunnyvale is necessary to determine my eligibility for the Down Payment Assistance Loan Program.

This form may be reproduced, photocopied or faxed; with such copy being as effective consent as the original, which we have signed.

Signature of Applicant(s):

Applicant Date: _____

Applicant Date: _____

Applicant Date: _____

Applicant Date: _____